

Hartman (J. H.)

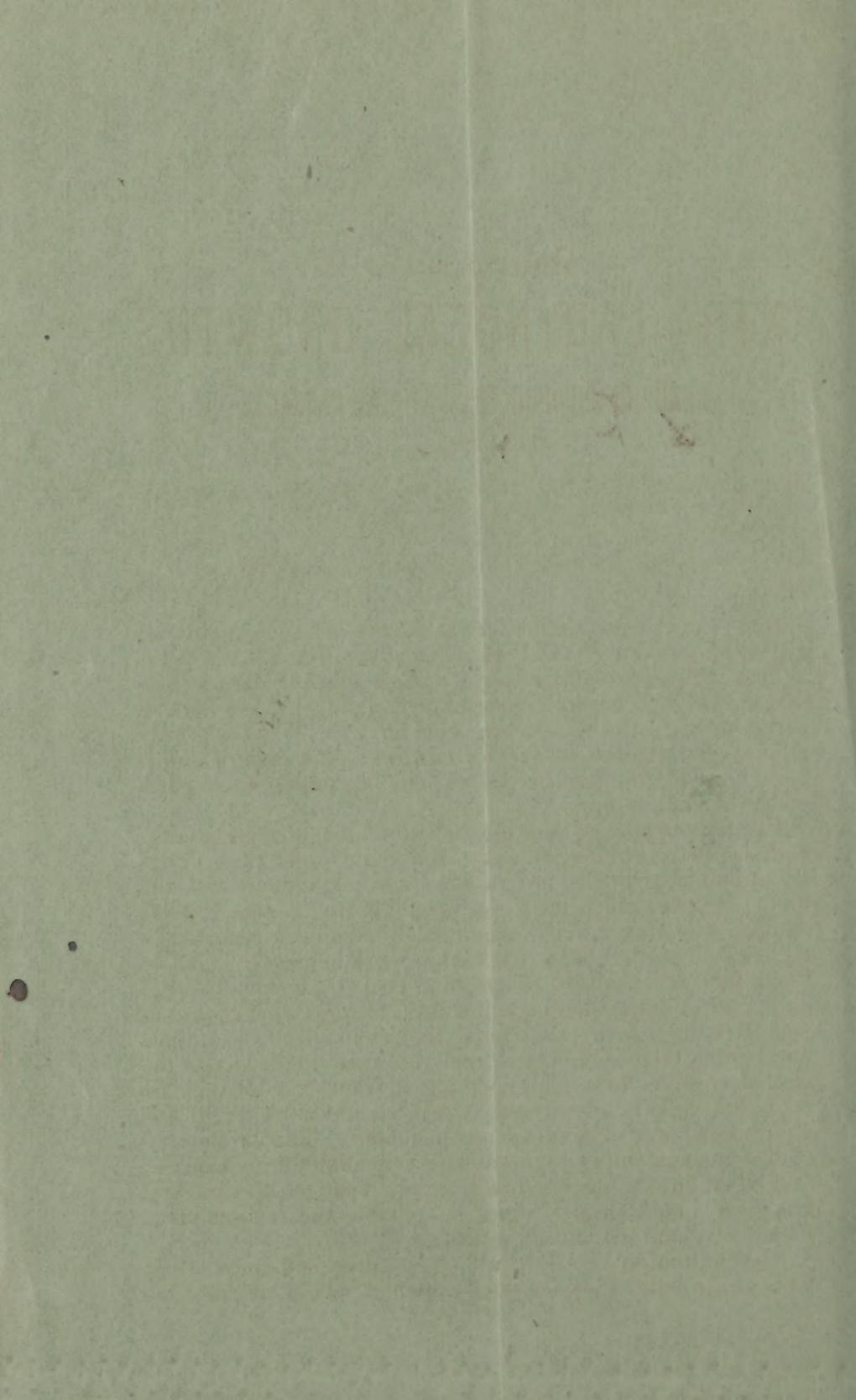
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EIGHT CASES OF  
INTRALARYNGEAL GROWTHS  
REMOVED THROUGH THE  
NATURAL PASSAGES.

By J. H. HARTMAN, M. D., Baltimore, Md.

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By J. H. HARTMAN, M. D., Baltimore, Md. (Read before the Baltimore Medical and Surgical Society, April 18th, 1878.).

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In no department of modern medicine has such rapid and satisfactory advancement been made within the last few years as that relating to laryngology; and no class of diseases has undergone such marked changes of pathology, diagnosis and therapeutics, as those affecting the larynx. What was only a few years ago the subject of surmises and empiricism, is to-day one of the most accessible and best understood parts of the human system.

For the purpose of showing the value of the laryngoscope, and also its *practical* results, the following eight cases of intra-laryngeal growths are taken from my case book—the first, I believe, which have ever been reported to this Society, and the first, in my knowledge, which have been reported in this city as having been removed *per vias naturales*. All of them had at one time or another been under professional care, and in not a single one had any laryngoscopic examination been made previous to mine, though in all, the symptoms and history were such as to clearly indicate the larynx as the seat of trouble, evidently showing a want of sufficient familiarity with the instrument, which should not exist in this enlightened age of medical advancement. The proper use of the instrument is by no means very difficult to acquire; and when once understood, will amply repay for all time and labor expended in perfecting so reliable and satisfactory a means of diagnosis and therapeutics.

I have attempted to illustrate the position and form of the various growths by a series of drawings, taken at the time

the cases were first seen, and as near the normal size as possible. The cases are very much condensed, avoiding long explanations and tedious repetitions.

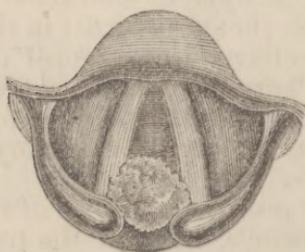
CASE I.—*Papillomatous Growth Occupying entire Inter-Arytenoid Commissure—Removed—Cure.*—June 4th, 1873, Mr. Thomas H., æt. 42, an attorney of Washington, D. C., was sent to me by his family physician, Dr. Boyle, on account of a persistent aphonia, from which he had suffered for some eight months, following upon a severe cold contracted the previous October. At the onset of his trouble, he had at times complete loss of voice and a tight, ringing cough, and at times coughed up a thick, jelly-like mucus, but no purulent matter.

Under the use of astringent sprays by his medical adviser, his voice temporarily improved, and the cough disappeared. He had never had any pain in the larynx, but had a feeling of exhaustion and oppression upon attempting to use his voice; there was very little dyspnoea, and that only when he walked rapidly or exerted himself. His general health has always been good, and not at all affected by the above described conditions. When I saw him, it was with great effort that he was able to raise his voice above a hoarse whisper, and he thought that his condition had gotten worse within the last few weeks. No phthisical history, and upon examination of his chest no indications of pulmonary trouble could be detected. Pressure over the cartilages of the larynx produced no pain, but caused a slight paroxysm of coughing.

Upon a laryngoscopic examination being made, it was found that the entire inter-arytenoid commissure was occupied by a papillomatous growth, about the size of a large pea, irregular in outline and form, and situated more upon the right half of the commissure than the left; it had a dark red color, with the exception of a small point toward the left arytenoid, which was of a bright, rosy hue. The growth moved forward and upward upon attempted phonation, and prevented the approximation of the cords. The accompanying cut gives a good

idea of its position, etc. The surrounding tissues were much congested, the cords being red and hypertrophied, having very much of a swollen appearance.

The patient at first declined instrumental treatment, but upon being assured that such a procedure was the only one which of-



fered a hope of permanent relief, finally consented, and upon June 10th, assisted by Mr. H's brother, the first attempt was made to remove the growth with Fauvel's antero-posterior forceps. The patient was allowed to suck ice for some twenty minutes before the operation was undertaken, in order to overcome the irritability of the pharynx; and upon the first attempt, the growth was seized by the forceps, completely crushed and torn away. Intense spasm of the larynx immediately followed, and the expectoration of a few drops of blood. What remained of the growth was then brushed with a strong solution of chloride of zinc. Absolute rest was ordered, with the occasional use of ice.

Upon the following day an examination was made, and showed almost complete disappearance of the growth—only a small nodule remaining upon the right side of the commissure at the insertion of the right cord. The voice was much clearer and stronger, but some little soreness was felt upon any extra exertion to speak loud. The parts were again brushed with the zinc solution, and continued rest of the vocal apparatus ordered.

Upon the patient presenting himself upon the fourth day after the operation, not a vestige of the growth could be seen, the voice had recovered much of its former strength and clearness, and there was no soreness or pain in the larynx. He continued to improve, nothing further being done except the occasional application of a weak solution of chloride of zinc (15 grs. to  $\frac{5}{3}$  aquæ), and upon the 20th day after the operation was discharged with a good, clear, strong voice. I saw this gentleman several times after the operation, and he had no return of his old trouble.

CASE II.—*Fibroma of Vocal Cord—Removal—Cure.*—Mr. W., aet. 29 years, coal merchant of this city, consulted me September 10th, 1874, for an obstinate hoarseness, amounting at times to complete aphonia, from which he had been suffering for the last three years. He could not attribute the origin of his trouble to any particular cause, except that he was formerly much exposed to dust—being in and about coal yards continuously—and had been, previous to his present trouble, annoyed at times by a trifling laryngeal irritation. His hoarseness developed itself gradually, and had been getting much worse of late. He spent the best part of the previous winter South in the hope of getting relief, but without any apparent benefit. Any extra effort to elevate the voice caused slight pain, so that he always spoke in a deep, hoarse whisper. He had a slight irritative cough, but no ex-

pectoration; some little dyspncea, but this was not constant. His general health was good at the time, but he had had typhoid fever (mild form) two years ago—being the only sickness since his laryngeal trouble began. He had been under various forms of medical treatment, but had never received any permanent benefit.

Examination of his chest revealed nothing abnormal. Some difficulty was experienced upon attempting to make a laryngoscopic examination on account of the excessive sensibility of the pharynx; and it was not till the following day that a thorough and satisfactory view of the entire laryngeal cavity was obtained. Then there was found a small, smooth, bright red fibroma, situated upon the upper surface of the left vocal cord about the middle of the same, attached by a pedicle to the lower margin of the ventricle. The accom-

panying drawing shows tolerably well the situation and size of the growth. The patient, upon slightly coughing, was able to elevate the growth sufficiently to show that there was no attachment to the free border of the cord. Six or seven attempts were made to seize the polyp with a pair



of antero-posterior forceps on as many different occasions, but always failed—partially on account of exceeding irritability of the pharyngo-laryngeal cavity, and partially on account of the patient's nervousness. Finally, upon the eighth attempt, the growth was firmly seized by the forceps, and torn away from its base.

The operation was followed by a sub-acute inflammation involving the left cord and ventricular band, but subsided sufficiently to show the improvement in the voice upon the third day, when the patient was able to speak without pain and in a tolerably clear tone. Under mild astringent applications, the inflammation subsided, the voice continued to improve, and upon the 24th day after the operation, the patient was discharged, having a clear, strong voice.

Microscopic examination of the growth showed it to consist entirely of white fibrous tissue.

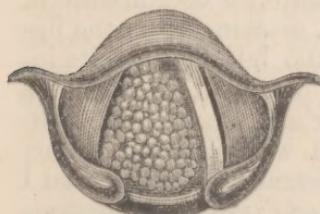
**CASE III.—*Papillomatous Growth of the Right Vocal Cord—Removal—Cure.***—The following case is an exceedingly beautiful illustration of a large papillomatous growth which came under my observation January 3d, 1875, in a lady, Mrs. F., æt. 35 years. She had been suffering from complete aphonia for the past two years, with excessive dyspncea, which had be-

come so severe of late that at times she almost despaired of her life. Frequently at night, she was awakened with a terrible feeling of suffocation, and in an attack which she had had the previous week, feared that she would not survive till morning. Any exertion or a fit of laughter was sure to bring on one of these attacks of dyspnœa. Her general health was good, and she could not assign her present trouble to any particular cause.

Examination of the chest was negative, but upon placing the stethoscope over the trachea and larynx (particularly the latter), loud, stridulous respiration could be heard. Pressure being made upon the larynx, a severe attack of coughing and dyspnœa was produced, but no pain.

Upon the patient being submitted to a laryngoscopic examination, the cause of all the above symptoms was found to be a large, dark red, papillomatous growth, situated upon and growing from the entire upper surface of the right vocal cord, completely hiding the cord from view, and filling up almost completely the glottis. The growth was as large as a medium-sized filbert, and it is a matter of some surprise that the patient was able to respire at all through the very small aperture at the anterior and posterior portions of the

growth. The accompanying drawing gives a very good idea of the condition of affairs. The surrounding tissues were excessively hyperæmic, the opposite cord being of a dusky red hue its entire length.



The patient willingly consented to any procedure which offered a chance of relief, and an immediate attempt for its removal was decided upon. The growth was readily seized on account of its large size, and more than half of it was removed. Intense spasm followed for a few minutes, but the relief to the dyspnœa was immediate, and a very slight improvement was noticeable in the voice. No inflammation was set up by the operation, and upon the second day following, the remaining portion of the growth was crushed and torn away. No spasm followed this second operation, and decided improvement in the voice resulted. Two or three very small nodules of the growth were left at its insertion, but they atrophied and completely disappeared at the end of a week. The patient remained under treatment for several weeks after the operation, when she left the city. In the meantime, the aphonia had passed away, but her voice was very husky and deep.

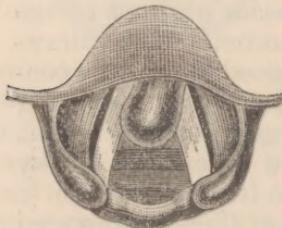
I saw her again two months later and she had completely recovered her voice, but was liable to attacks of huskiness upon exposure in damp weather, and after any excessive use of her voice.

Upon examination, no sign of the former trouble was to be seen, except a slight congestion and hypertrophy of the right cord, the former seat of the growth.

CASE IV.—*Fibro-Cellular Polyp at the Anterior Commissure of the Vocal Cords—Removal—Cure.*—George N., æt. 27, came under my observation May 10th, 1874, at the Special Dispensary for Diseases of the Throat. The patient had had aphonia for the last eighteen months—resulting, he thought, from a bad cold contracted about that time. He had gotten worse lately, and said he felt at times as if there was some obstruction in his throat. He had no pain in his larynx, but had a slight cough now and then, and suffered from slight dyspnoea. He had received medical treatment for his trouble, but with negative result. His general health was good, and he had never had any constitutional disease.

A laryngoscopic examination was made, and a pear-shaped, round, smooth growth, about the size of a hominy bean

(well shown in the drawing), was seen situated at the anterior commissure of the vocal cords, growing from the upper surface of the left cord at its insertion. In appearance, it was of a bright red color and very fleshy looking. At first, I was disposed, on account of its appearance, to think that I



had met with one of those exceedingly rare myxomatous growths; but after a more careful examination, such was not the case, and I became convinced that the growth was either fibrous or fibro-cellular. Upon attempted phonation, the tumor raised itself up, resting upon the cords. A delicate probe, properly curved and bent at its end so as to form a hook, was passed down beneath the growth, raising it up and showing its insertion. On account of the unusual command which the patient had over his larynx, the growth was readily removed upon the first examination in the presence of several of the assistants of the Dispensary—being crushed and torn away by a pair of lateral laryngeal forceps. The dyspnoea was relieved at once, and the patient's voice greatly improved. A small shred of the growth remained at the point of its insertion, which was touched lightly with nitrate of silver fused upon a probe.

Upon the patient's next visit to the Dispensary, which was the second day after the operation, nothing remained of the neoplasm. His voice was still improving, and there were none of his former uncomfortable symptoms.

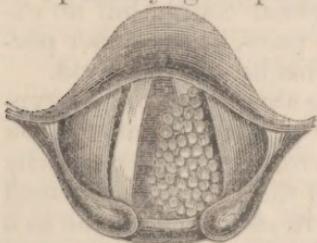
Nothing more was seen of the case till the 3d of April following, when his voice was "as good as ever"—his own words—and the larynx presented a healthy appearance.

As surmised above, the growth proved to be, upon microscopic examination, a fibro-cellular polyp.

*CASE V.—Papilloma of the Left Cord—Removal—Cure.—* October 4th, 1875, Mr. Henry C., of Cumberland, Md., consulted me through the advice of his physician for severe dyspnoea and aphonia, which had been developing gradually during the last three years. His general health has always been good, though he had often noticed, previous to the beginning of his present trouble, a slight weakness and irritability of his throat. The dyspnoea was continuous, and frequently so severe as to completely exhaust him. Some difficulty in sleeping has been experienced of late—frequently being awakened with a feeling of suffocation. He had a frequent disposition to clear the throat, but did not expectorate anything except a little thick, ropy mucus. He had also a slight tickling cough, which he situated entirely in his larynx. Chest examination gave a negative result. His physical appearance was excellent; his weight being about one hundred and fifty pounds.

Upon laryngoscopic inspection, a large papilloma, as shown in the drawing, was seen growing from and upon the upper surface of the left cord, hiding entirely from view the posterior and middle third of the same. Associated with it, there was complete immobility of the cord, constituting a unilateral paralysis of the same. The right cord was quite movable, approaching to the median line, passing beneath the growth and pushing it before it. There was present a very perceptible atrophy of the left ventricular band, as well as the surrounding parts upon the same side of the larynx. The growth was of a dusky red hue, whilst the larynx upon the same side had a pale, anaemic look.

No difficulty was experienced in the removal of the growth, about one-half of it being removed at the first sitting with antero-posterior laryngeal forceps. No unpleasant symptoms followed, and considerable relief of the dyspnoea was experienced, but no improvement occurred in the voice.



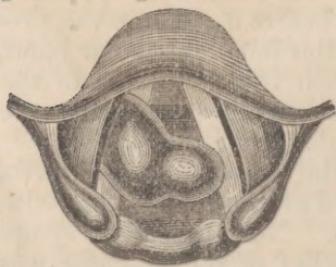
No further interference was undertaken for ten days, preferring to wait to see what would be the result of the first operation, but the aphonia showed no tendency to improve.

I decided to remove the remainder of the growth, which had slightly atrophied, and accomplished it in the same manner as on the former occasion. No unpleasant results followed this second operation, but still there was no improvement in the voice, and a slight tendency to dyspnea remained. The marked atrophy of the cord upon which the growth was situated was now plainly visible, and the want of power upon that side of the larynx easily accounted for. Applications of solutions of iron, and direct application of electricity to the laryngeal muscles, with directions to the patient to attempt phonation as frequent as possible, were carried out for six weeks with a continuous and gradual improvement.

*November 27th*, the patient returned to his home with a tolerably good voice. Six months later, I heard indirectly from him; there had been no return of the growth, and his phonetic powers had entirely returned.

**CASE VI.—*Fibro-Cellular Growth upon Right Vocal Cord.***  
*November 23, 1877.* Mr. Robert D., of Richmond, Va., consulted me for loss of voice and difficulty of breathing, which had been gradually coming on since the early part of 1874. In the last six months, he had been growing rapidly worse, not being able to speak above a very faint whisper; and to do that, required the greatest effort. The dyspnea was very distressing. He had a slight paroxysmal cough, but no expectoration; he also had dull, aching pains in the upper portion of his chest. In other respects, his health was good.

Chest examination revealed nothing abnormal. The laryngoscope showed a large, red, nodular growth, situated upon the right cord and growing from the middle of the ventricle. The growth filled at least one-third of the glottis, and seemed to have a depression running across it, as if it was due to a previous operation or ulceration. The drawing gives a good



idea of the size, situation and form of the growth. A probe was bent and passed down around the neoplasm, lifting it up and showing the attachment of the base. The cords were greatly tumefied and congested. Operative measures were decided upon at once, and the throat being capacious and unusually tolerant, no difficulty was experienced in the introduction of in-

struments. Upon the following day, the growth was removed entire by Stoerk's écraseur—the guard containing the loop of wire being passed over the growth to its base.

The patient coughed up about a teaspoonful of blood immediately after the operation, but no unpleasant symptoms followed. There was relief at once to the dyspnoea, but not that relief to the patient's voice that I anticipated, and it was several days before his voice began to recover itself. He remained under treatment till the 4th of December, when he returned home—his voice then being quite strong and clear.

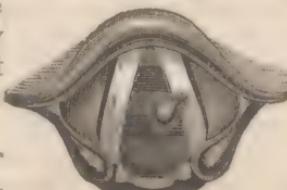
I saw him again January 15th, 1878, when his voice was quite natural, and examination of the throat showed no signs of his former trouble.

The growth was examined microscopically and found to consist of fine fibro-cellular tissue, interlacing and crossing each other in circular bands.

*CASE VII.—Papilloma on the Left Vocal Cord—Destruction with Zinc Chloride—Recovery.*—Mr. Louis T., at. 34, of this city, consulted me January 7th, 1878, for aphonia, from which he had been suffering during the last five months. There was no dyspnoea present, and he complained only of the great effort required to speak and the tired, exhausted feeling in his throat after attempting to use his voice. He attributed his aphonia to excessive use of his voice last autumn in driving a very fast animal, as he always noticed, after returning from his drives, that his voice was quite lost. He had also been an excessive smoker, and it seemed to irritate his throat and aggravate his hoarseness. In every other respect his health was good. Examination of his larynx showed a small papilloma situated upon the free margin of the left cord. The cords were very much tumefied and congested, particularly the one upon which the growth was situated. The drawing shows very well the situation and size of the growth. The patient positively declined instrumental interference, but desired something to be done to relieve his condition.

Direct application with a camel's hair pencil of a strong solution of the chloride of zinc (30 grs. to aquæ  $\frac{5}{3}$  j) was made to the growth every alternate day for several weeks, with considerable improvement to his voice, and marked diminution in the size of the growth.

Upon February 3d, the patient consented to my making an attempt to remove the growth with the forceps, which was



only partially successful. About half of the neoplasm being crushed, great difficulty was experienced in seizing it, on account of its smallness and the nervousness of the patient. He again declined the use of instruments, insisting upon the previous treatment being renewed, which was done; and upon *March* 12th, he was last seen, his voice was quite clear and strong, and the neoplasm about the size of a millet seed, causing him no inconvenience. I have since heard that his voice remains quite clear, and he considers himself well.

**CASE VIII.—*Fibroma of Left Vocal Cord—Removal.***—Miss M., æt. 31, of this city, a teacher of vocal music, was sent to me by her physician, *March* 27th, 1878, for a laryngoscopic examination, and to ascertain the cause of an obstinate aphonia which she had had for the past eighteen months. In *September*, 1876, she contracted a severe cold, which left her very much debilitated and suffering from a weakness of her voice. Under the care of her medical adviser, she got much better, but in the following October, she sang at a concert, overstraining her voice and leaving her extremely hoarse. Since then, she has not been able to sing a note, and her voice has been almost completely lost.

She had very little dyspnoea, and that only on walking rapidly, or on making any extra exertion. She had considerable dryness, and accumulation of a thick tenacious mucus in the throat. The mirror showed a small,



red, fleshy-looking, pear-shaped fibroid growth, growing from the upper surface, middle third of the left vocal cord, hanging pendant between the cords; and upon attempted approximation, it was hidden entirely from view, except at its base. Hyperæmia of the cords and surrounding tissues was present, with considerable thickening of the pharyngo-laryngeal membrane. She was sent back to her medical adviser with my written diagnosis and opinion of her case.

*March* 29th, she returned to me for treatment, desiring to have the growth removed.

Several attempts were made upon the same day to remove the growth with Fauvel's antero-posterior forceps, but without success, the patient being exceedingly nervous and her throat very irritable.

An appointment was made for another attempt upon *April* 1st, and after the free use of ice, I succeeded in getting hold of the growth and removing it entire. There was decided

improvement in the voice immediately after the operation, the patient being able to speak "better than for months."

Astringent applications have been applied every other day since, and the voice is gradually recovering its former strength and flexibility. She is still under treatment, and I have no doubt will recover the full use of her phonetic powers.

*67 North Charles Street.*





